

<b>Case Number:</b>	CM13-0063480		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55 year old female who was injured on 03/25/2011 while carrying bags of planting mix when one started to fall and she attempted to catch it resulting in low back pain. Prior treatment history has included medications on 07/19/2013 Celexa 10 mg, Robaxin 500 mg, Vicodin 5-500 mg and Flector 1.3% patch. On 09/21/2013 of hydrocodone 5/500 six per day, Celexa 10 mg and Lidoderm 5% patch. Diagnostic studies reviewed include Electromyography (EMG) report in 2011 documenting left L5 and S1 radiculopathy. Magnetic resonance imaging (MRI) of lumbar spine dated 08/20/2012 showing slight/grade I spondylolisthesis at L5-S1 and grade I at L4-5 with broad-based disc bulge causing mild to moderate lateral recess stenosis at L4-5. PR-2 dated 10/12/2013 documented the patient to have complaints of back and left leg pain still. Patient ambulates with a cane. Objective findings on exam included left straight leg raise test positive with restricted range of motion to left leg. PR-2 dated 11-09-2013 documented the patient with complaints patient getting worse and more back pain and stiffness. The patient is depressed. Objective findings on exam reveal lumbar area tender with spasms and stiffness. Patient has limited range of motion. Treatment Plan: Given prescription for Norco and Soma. PR-2 dated 12/14/2013 documented the patient with complaints of back and left leg pains. He ambulates with a cane. Objective findings reveal left straight leg raise test positive. Diagnoses: 1) Sprain/strain lumbar spine. 2) Displacement/intervertebral lumbar (HNP). 3) Spinal stenosis of lumbar region.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**SOMA 350MG, QUANTITY 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (MTUS), Soma (a muscle relaxant) should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low blood pressure (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond Non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Soma specifically is not recommended for longer than a two to three week period. The patient is documented to have taken Robaxin previously, although the duration and benefits of that muscle relaxant were not documented. Based on the guidelines, the medical necessity for Soma has not been established.

**PAIN MANAGEMNET CONSULTATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** Per California Medical Treatment Utilization Schedule (MTUS), on-going management of opioids, Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in three months. The patient is documented as taking opioids in excess of three months with ongoing complaints of pain which he states are getting worse. The request for a pain management consultation has met the guidelines for on-going management of patients taking opioids and therefore the medical necessity has been established.